



Your business
is our business.

REDACTED – FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

October 2, 2013

By Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Star Telephone Membership Corp.
Study Area Code 230502**

Dear Ms. Dortch:

On behalf of Star Telephone Membership Corp. “Star”, JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.¹ Star seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

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**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | |
|---|----------------------|
| <010> Study Area Code | 230502 |
| <015> Study Area Name | STAR MEMBERSHIP CORP |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Donna Bullard |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 910-564-7862 |
| <039> Contact Email Address: Email of the person identified in data line <030> | dcbullard@stmc.net |

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54.313 Completion Required | 54.422 Completion Required |
|---|---|-------------------------------------|-------------------------------------|----------------------------------|
| (check box when complete) | | | | |
| <100> Service Quality Improvement Reporting | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <200> Outage Reporting (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <210> <input type="checkbox"/> <-- check box if no outages to report | | | | |
| <300> Unfulfilled Service Requests (voice) | <input type="text" value="0"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <310> Detail on Attempts (voice) | (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <320> Unfulfilled Service Requests (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <330> Detail on Attempts (broadband) | (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <400> Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <410> Fixed | <input type="text" value="0.0"/> | | | |
| <420> Mobile | | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <440> Fixed | | | | |
| <450> Mobile | | | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <510> <input type="text" value="230502nc510"/> | (attached descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <600> Functionality in Emergency Situations | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <610> <input type="text" value="230502nc610"/> | (attached descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <700> Company Price Offerings (voice) | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <710> Company Price Offerings (broadband) | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <800> Operating Companies and Affiliates | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> | (if yes, complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <1000> Voice Services Rate Comparability | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <1010> <input type="text"/> | (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | (if not, check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <1110> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <1200> Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|-----------------------------------|--------------------------|--------------------------|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|-----------------------------------|-------------------------------------|--------------------------|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <3005> | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|--|
| <010> | Study Area Code | 230502 |
| <015> | Study Area Name | STAR MEMBERSHIP CORP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Donna Bullard |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 910-564-7862 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | |
| <111> | year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

| | |
|--|--|
| (900) Tribal Lands Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 230502 |
| <015> | Study Area Name | STAR MEMBERSHIP CORP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Donna Bullard |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 910-564-7862 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| |
|---------------------------|
| Select (Yes,No, NA) |
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| (1100) No Terrestrial Backhaul Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 230502 |
| <015> | Study Area Name | STAR MEMBERSHIP CORP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Donna Bullard |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 910-564-7862 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)
 ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)
 ☐

| | |
|--|--|
| (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 230502 |
| <015> | Study Area Name | STAR MEMBERSHIP CORP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Donna Bullard |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 910-564-7862 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net |

| | |
|---|--|
| <1210> Terms & Conditions of Voice Telephony Lifeline Plans | 230502nc1210 <hr/> Name of attached document (.pdf) |
|---|--|

| | |
|-------------------------------|---|
| <1220> Link to Public Website | HTTP http://www.stmc.net/notices.htm <hr/> |
|-------------------------------|---|

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

| | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 230502 |
| <015> | Study Area Name | STAR MEMBERSHIP CORP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Donna Bullard |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 910-564-7862 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

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Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

| |
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

| |
|--|
| |
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Name of Attached Document Listing Required Information

| | |
|--|--|
| (3000) Rate Of Return Carrier Additional Documentation Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|--------------------|---|----------------------|
| <010> | Study Area Code | 230502 |
| <015> | Study Area Name | STAR MEMBERSHIP CORP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Donna Bullard |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 910-564-7862 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

| | | |
|--|--|--|
| (3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | Name of Attached Document Listing Required Information | <input style="width: 100px; height: 15px;" type="text"/> |
| (3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | Name of Attached Document Listing Required Information | <input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No) |
| (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows | Name of Attached Document Listing Required Information | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation (3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains : | Name of Attached Document Listing Required Information | 230502nc3017 <input type="checkbox"/> (Yes/No) |
| (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows | Name of Attached Document Listing Required Information | <input type="checkbox"/> <input type="checkbox"/> |
| (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, | Name of Attached Document Listing Required Information | <input type="checkbox"/> <input type="checkbox"/> |
| (3022) Underlying information subjected to a review by an independent certified public accountant (3023) Underlying information subjected to an officer certification. (3024) PDF of Balance Sheet, Income Statement and Statement of Cash Flows | Name of Attached Document Listing Required Information | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (3025) Attach the worksheet listing required information (3026) | Name of Attached Document Listing Required Information | <input type="text"/> |

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|----------------------|
| <010> Study Area Code | 230502 |
| <015> Study Area Name | STAR MEMBERSHIP CORP |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Donna Bullard |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 910-564-7862 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|--------------------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|----------------------|
| <010> Study Area Code | 230502 |
| <015> Study Area Name | STAR MEMBERSHIP CORP |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Donna Bullard |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 910-564-7862 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--|
| I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | John Staurulakis, Inc. |
| Name of Reporting Carrier: | STAR MEMBERSHIP CORP |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date: 10/01/2013 |
| Printed name of Authorized Officer: | Lyman Horne |
| Title or position of Authorized Officer: | Exec. V.P. & General Manager |
| Telephone number of Authorized Officer: | 910-564-7827 |
| Study Area Code of Reporting Carrier: | 230502 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | STAR MEMBERSHIP CORP |
| Name of Authorized Agent or Employee of Agent: | John Staurulakis, Inc. |
| Signature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE Date: 10/01/2013 |
| Printed name of Authorized Agent or Employee of Agent: | Amanda Molina |
| Title or position of Authorized Agent or Employee of Agent: | Consultant Revenue Requirements |
| Telephone number of Authorized Agent or Employee of Agent: | 770-569-2105 |
| Study Area Code of Reporting Carrier: | 230502 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

REDACTED – FOR PUBLIC INSPECTION

(200) Service Outage Reporting (Voice)

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code

230502

<015> Study Area Name

STAR MEMBERSHIP CORP

| <020> | Program Year |
|-------|--------------|
|-------|--------------|

2014

<030> Contact Name - Person USAC should contact regarding this data

Donna Bullard

<035> Contact Telephone Number - Number of person identified in data line <030> 910-564-7862

910-564-7862

<039> Contact Email Address - Email Address of person identified in data line <030> dcbullard@stmc.net

dcbullard@stmc.net

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<a>

<b1>

<b2>

<b3>

<b4>

<c1>

<c2>

<d>

<e>

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<g>

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[illegible]

**Star Telephone Membership Corporation’s Demonstration of Complying with
Applicable Service Quality Standards and Consumer Protection rules:**

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Star Telephone Membership Corporation (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: jurisdiction of the North Carolina Rural Electrification Authority under N.C. Gen. Stat, Chap 117, for customer complaints.

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

Star Telephone Membership Corporation’s Demonstration of Ability to Function in Emergency Situations:

Star Telephone Membership Corporation (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and N.C. Gen. Stat. § 62A. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

REDACTED – FOR PUBLIC INSPECTION

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| (800) Operating Companies Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
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|-------|---|---------------------------------------|
| <010> | Study Area Code | 230502 |
| <015> | Study Area Name | STAR MEMBERSHIP CORP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Donna Bullard |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 910-564-7862 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net |
| <810> | Reporting Carrier | Star Telephone Membership Corporation |
| <811> | Holding Company | |
| <812> | Operating Company | |

[illegible]

Star Telephone
Membership Corporation
North Carolina

Section: 3
Sixth Revised Page: 1
Effective: April 4, 1990

3. BASIC FLAT RATE EXCHANGE SERVICE

3.1 General

The exchange rate schedules are the combination of the local exchange service component and the extended area service component where applicable.

3.2 Local Exchange Service Rate Components

3.2.1 General

- a. The local exchange service rate components are applied on the basis of the total number of exchange access lines, private branch exchange trunks and other equivalents in the local calling area (including Extended Area Service) of the exchange.
- b. Exchange service areas for each exchange are reflected on exchange service area maps on file with the North Carolina Utilities Commission, N.C. REA and connecting companies.
- c. The rates for service and equipment not specifically shown in this section are presented in other sections of this tariff.

3.2.2

(D)

3.2.3 A station or telephone is a station connected by means of an individual line with a central office and includes the following:

(M)

- a. Each Central office number.
- b. Public coin or public non-coin telephone service.
- c. Foreign exchange service where service (the local office end) terminates in a separate telephone set, PBX, Centrex, Key System, etc.
- d. Mobile Telephone service or improved mobile telephone service.
- e. Fixed type radio-telephone.

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Material shown on this page (M) was previously shown on Page 2, Section 3.

Star Telephone
Membership Corporation
North Carolina

Section: 3
Fifth Revised Page: 2
Effective: April 4, 1990

3. BASIC FLAT RATE EXCHANGE SERVICE

3.2 Local Exchange Service Rate Components

3.2.3 (Con't)

- f. Both fully rated "main" services associated with bridged service.
- g. Toll terminals, toll stations and inward WATS access lines terminated in telephone instruments, PBX, Centrex, Key Systems, etc.
- h. Lines serving interconnected arrangement which are terminated in telephone sets, PBX, Key System, etc.
- i. Outward WATS terminated in telephone sets, PBX, Centrex, Key Systems, etc.
- j. Each PBX, Centrex, Key System, etc., trunk or line (inward, outward, and two-way) connecting said equipment to central office switching equipment; also includes trunk or line serving interconnected systems.

3.2.4 Authorization

Local exchange rates are authorized by the board of directors subject to approval by Rural Electrification Administration and North Carolina Rural Electrification Authority.

3.3 Extended Area Service Rate Components

(M)

3.3.1. General

The extended area service rate components are applied on the basis of the effective combination of the home exchange rate group and the calculated rate group addition of the total number of exchange access lines, private branch exchange trunks and other equivalents accessed via the extended area service arrangement(s) coupled with the associated accumulative inter-exchange mileage.

3.4 Monthly Exchange Rates

3.4.1 Local Exchange Rate

The rates specified here in with the Extended Area Service Charge, where applicable, entitle subscribers to an unlimited number of messages to all stations bearing the

(M)

Material shown on this page (M) was previously shown on Page 3, Section 3.

GENERAL EXCHANGE TARIFF

Star Telephone
Membership Corporation
North Carolina

Section: 3
Eighth Revised Page: 3
Effective: November 14, 1994

3. BASIC FLAT RATE EXCHANGE SERVICE

3.4 Monthly Exchange Rates

3.4.1 (Con't)

designation of central offices within the serving exchange and additional exchanges having EAS connection.

Exchange: Abbottsburg N

Individual Residence: \$15.17
Individual Business (Non-Key): \$19.27
Individual Business (Key-Leasing): \$18.27

Exchanges: Cypress Creek, Kelly, Lisbon, White Oak

Individual Residence: \$12.37
Individual Business (Non-Key): \$16.47
Individual Business (Key-Leasing): \$15.47

Exchange: South River N

Individual Residence: \$15.37
Individual Business (Non-Key): \$19.47
Individual Business (Key-Leasing): \$18.47

Exchange: Coharie N

Individual Residence: \$15.87
Individual Business (Non-Key): \$19.97
Individual Business (Key-Leasing): \$18.97

Exchange: Harrells N

Individual Residence: \$13.37
Individual Business (Non-Key): \$17.47
Individual Business (Key-Leasing): \$16.47

Exchange: Herring N

Individual Residence: \$14.87
Individual Business (Non-Key): \$18.97
Individual Business (Key-Leasing): \$17.97

Exchange: Six Runs N

Individual Residence: \$14.37
Individual Business (Non-Key): \$18.47
Individual Business (Key-Leasing): \$17.47

GENERAL EXCHANGE TARIFF

Star Telephone
Membership Corporation
North Carolina

Section: 3
Third Revised Page: 3A
Effective: December 4, 2007

3. BASIC FLAT RATE EXCHANGE SERVICE

3.4 MONTHLY EXCHANGE RATES

3.4.1 MONTHLY EXCHANGE RATES (Cont'd.)

Exchanges: Abbottsburg, Coharie, Cypress Creek, Harrells, Herring, Kelly,
Lisbon Six Runs, South River, White Oak

Paystations (All): Individual (Non-Key): \$33.60

Second Line Service

Second Line Service is a secondary line service in addition to a customer's primary Local Exchange service. Second Line service receives all the features and benefits of a customer's primary service at a reduced Local Service rate. Second Line service offers the benefits of a unique phone number for family members to make and receive additional voice calls, the addition of a fax machine, security system or dial-up data line.

Certain restrictions apply. Second Line service is available to Residential customers only. Additional charges for taxes, fees, toll calls, Directory Assistance, and Operator Services. Second Line service is not compatible with Life Line social service rate customers.

Exchanges: Abbottsburg, Coharie, Cypress Creek, Harrells, Herring, Kelly,
Lisbon, Six Runs, South River, White Oak

Individual Residence: \$5.00

N

N

N – New Text

GENERAL EXCHANGE TARIFF

Star Telephone
Membership Corporation
North Carolina

Section: 3
First Revised Page 3B
Effective: January 20, 1998

3. BASIC FLAT RATE EXCHANGE SERVICE

3.4 MONTHLY EXCHANGE RATES

3.4.2 INTERSTATE SUBSCRIBER LINE CHARGE WAIVER AND MATCHING PROGRAM

a. GENERAL

- (1) The Interstate Subscriber Line Charge, mandated by the Federal Communications Commission (FCC), is a monthly fee applicable to residential and single-line business customers.
- (2) The Interstate Subscriber Line Charge Waiver and Matching Program, adopted by the North Carolina Utilities Commission in Docket No. P-100, Sub 80, provides for a credit equal to 100% of the Interstate Subscriber Line Charge plus an equivalent state provided subsidy. The total credit is the sum of the Federal and State credits. This credit is applied to the monthly bills for current qualified residential recipients of Supplemental Security Income, Food Stamps, or a current participant in Work First or Temporary Assistance for Needy Families who reside in the Star Telephone Membership Corporation's service area.

(C)
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(C)

b. APPLICATIONS AND REGULATIONS

(1) Certification Form

A standard application will be available only from the agency involved and not the telephone cooperative.

(2) Processing Forms

The cooperative will accumulate all application forms and apply the credit on the subscriber's monthly bill. An explanation of the credit will appear on each telephone bill.

C – This information has been changed.

GENERAL EXCHANGE TARIFF

Star Telephone
Membership Corporation
North Carolina

Section: 3
First Revised Page: 3C
Effective: January 20, 1998

3. BASIC FLAT RATE EXCHANGE SERVICE

3.4 MONTHLY EXCHANGE RATES

3.4.2 INTERSTATE SUBSCRIBER LINE CHARGE WAIVER AND MATCHING PROGRAM

b. APPLICATIONS AND REGULATIONS (Cont'd) (M)

(3) Verification Procedures

The cooperative will reconcile and confirm eligibility semi-annually by providing the agency involved with a computer tape (directly or through a third party) of all waiver recipients. The Department of Human Resources will compare this listing with their files of Supplemental Security Income, Food Stamps, or a current participant in Work First or Temporary Assistance for Needy Families recipients and provide the cooperative a list of names of persons no longer eligible for the waiver. The cooperative will then remove the waiver from those customers' records.

(C)
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(C)

(Reserved Space for Future Changes)

C – This information has been changed.

M – Material shown on this page was previously shown on original Page 3B, Section 3.

GENERAL EXCHANGE TARIFF

Star Telephone
Membership Corporation
North Carolina

Section: 3A
Third Revised Sheet: 1
Effective: FEB 22 1985

APPLICATION OF RATES FOR BUSINESS AND RESIDENCE SERVICE

A. GENERAL

Determination as to whether subscribers' service (as distinguished from public and semi-public telephone service) shall be furnished at business or residence rates is based on the character of use to be made of the service.

B. BUSINESS RATES APPLY AT THE FOLLOWING LOCATIONS;

1. In offices of hotels, halls and offices of apartments houses, boarding houses where business listings are employed, quarters occupied by clubs and fraternal societies, except as modified under C-4, in schools, hospitals, libraries, churches and other institutions.
2. At residence locations, where the place of residence is adjacent to a place of business and is connected thereto, and it is not evident that the telephone located in the residence is to be employed primarily for domestic use.
3. At residence locations where an extension station or extension bell is located in any place where business rates would apply under the provisions of this tariff-shop, office, or other place of business.
4. At any location where a business designation is provided or when any title indicating a trade or professions is listed, except as modified under C-3.
5. At any location where the subscriber advertises the telephone number for business purposes via billboards, signs, newspapers, radio, television, vehicle, and business cards.
6. At all other locations where the subscriber's primary use of the service is for business purposes.

C. RESIDENCE RATES APPLY AT THE FOLLOWING LOCATIONS:

1. At private residences where business listings are not employed.
2. At boarding houses, except as modified under B-1, and private apartments in hotels where service is confined to the domestic use of the subscriber, and business listings are not employed.

GENERAL EXCHANGE TARIFF

Star Telephone
Membership Corporation
North Carolina

Section: 3A
Third Revised Sheet: 2
Effective: .

FEB 22 1985

APPLICATION OF RATES FOR BUSINESS AND RESIDENCE SERVICE

C. RESIDENCE RATES APPLY AT THE FOLLOWING LOCATIONS:

3. At the place of residence of a clergyman, physician, nurse, midwife, dentist, veterinary surgeon, or other medical practitioner or Christian Science practitioner, provided the stations are not installed in the portion of the subscriber's residence which is used as an office, but are located in the subscriber's domestic establishment, and provided no business designation is employed. Abbreviated titles such as "Rev.", "Dr.", "Judge", "Professor" are not considered business designations.
4. In college fraternity houses where members of the fraternity lodge, or lodge and board, with the house.



Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. In fact, they've created a system to do just that.

If you participate in programs, such as food stamps, Medicaid, the national school free-lunch program, Section 8 housing or supplemental security income, or if your household income is below a certain threshold level, you may qualify for a discount on your telephone bill.

This "universal service" support includes:

-Lifeline assistance that provides discounts for basic monthly local telephone service

-Toll Limitation Service that allows you to control your long-distance charges

-Additional discounts for eligible consumers living on tribal lands

For more information, or to find out if you're eligible to receive a discount, contact your local department of social services or Star Telephone.

Los legisladores federales y estatales consideran que toda persona en los Estados Unidos deberían tener acceso a un servicio de telecomunicaciones de calidad, a un precio accesible. De hecho, han creado un sistema para lograrlo.

Si participa en programas, como cupones para alimentos, Medicaid, el programa nacional de almuerzos escolares gratis, el ingreso de seguridad suplementario o para vivienda en virtud de la Sección 8, o si su ingreso familiar está por debajo de un determinado nivel, es posible que reúna los requisitos para obtener un descuento en su factura telefónica.

Esta ayuda de "servicio universal" incluye:

-Asistencia Lifeline: proporciona descuentos mensuales en el servicio telefónico local

-Servicio de tarifa limitada: le permite controlar los cargos de llamadas de larga distancia

-También hay descuentos adicionales disponibles para los consumidores elegibles que vivan en territorios tribales.

Para obtener más información o averiguar si es elegible para recibir un descuento, entre en contacto con su departamento local de servicios sociales o Star Telephone.

REDACTED – FOR PUBLIC INSPECTION

STAR TELEPHONE MEMBERSHIP CORP (SAC 230502)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY